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PTO/SB/93 (01-06)
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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/710,937	
Filing Date	August 13, 2004	
First Named Inventor	Jlang	
Art Unit	1773	
Examiner Name	Le	
Attorney Docket Number	76966	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Please withdraw me as attorney or agent for the above identified patent application, and.    all the attorneys/agents of record.   the attorneys/agents (with registration numbers) listed on the attached paper(s), or   the attorneys/agents associated with Customer Number   NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  The reasons for this request are: Leaving the employ of Customer No. 28288    CORRESPONDENCE ADDRESS									
all the attorneys/agents of record.  the attorneys/agents (with registration numbers) listed on the attached paper(s), or  the attorneys/agents associated with Customer Number  NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  The reasons for this request are: Leaving the employ of Customer No. 26286  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal.  2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or  Individual Name  Address  City  Country  Telephone  Signsture  Signsture  Signsture  Oliva Totan  Name  Oliva Totan  Registration No. 45,181  Date  Date  Telephone No.	P.O.	Box 1450							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitionars associated with a customer number.  The reasons for this request are: Leaving the amploy of Customer No. 28288  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number:  OR Firm or Individual Name Address  City State Zip  Country Telephone Email Signsture Country Name Otivis Totan Registration No. 45,161 Date June 28, 2006	Pleas	se withdraw me	as attorney or a	gent for the abo	ve identified p	atent applica	llon, <del>and</del>		
the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitionars associated with a customer number.  The reasons for this request are: Leaving the amploy of Customer No. 28288  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number:  OR Firm or Individual Name Address  City State Zip  Country Telephone Email Signsture Country Name Otiva Totan Registration No. 45,161 Date June 28, 2006		all the attorney	s/agents of reco	rd.					
the attorneys/agents associated with Customer Number  NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  The reasons for this request are: Leaving the employ of Customer No. 26266  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  Signature Culter Totan Registration No. 45,161  Date June 28, 2006  Telephone No.		_			i) listed on the	etteched ner	ande) or		
NOTE: This box can only be checked when the power of attorney of record in the application is to all the precitioners associated with a customer number.  The reasons for this request are: Leaving the employ of Customer No. 28268  CORRESPONDENCE ADDRESS  1.  The correspondence address is NOT affected by this withdrawal. 2.  Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  Signature Culva Totan Registration No. 45,161  Date June 28, 2006		_	· ·			attachoo paj		7	
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Firm or Individual Name  Address  City State Zip  Country  Telephone Email  Signature 6  Name Cilvia Totan Registration No. 45,161  Date June 29, 2006  Telephone No.	☐ The	address associ	ated with Custor	nër Numbër:					
Individual Name Address  City  Country  Telephone  Signature  Signature  Olivia Totan  Date  June 29, 2006  State  Zip  Zip  Email  Registration No. 45,161  Telephone No.	OR								
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Telephone Signature Olivia Totan Registration No. 45,161 Date June 29, 2006 Email  Registration No. 45,161 Telephone No.	City				State			Zip	
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This collection of information is required by 37 CFR 1.36. The information is required to obtain of retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection in estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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